



TODD STAPLES, COMMISSIONER

Texas Department of Agriculture
Grain Warehouse
Schedule E – Operator Bond Addendum

RGW-305

SEC. A	¹ BOND INFORMATION	
	Bond No.	Effective Date / / month day year

SECTION B	¹ FACILITY INFORMATION	
	The following facilities operated under TDA license number _____ (if available) are covered by the bond identified above:	
	Unique Facility Name	
	Physical Address	
	City	Zip Code
	Directions to Physical Address if above address is difficult to find.	
	Unique Facility Name	
	Physical Address	
	City	Zip Code
	Directions to Physical Address if above address is difficult to find.	
	Unique Facility Name	
	Physical Address	
	City	Zip Code
	Directions to Physical Address if above address is difficult to find.	

This document becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023, and 559.004.)

Bond No. _____

SECTION B (CONT)	Unique Facility Name	
	Physical Address	
	City	Zip Code
	Directions to Physical Address if above address is difficult to find.	
	Unique Facility Name	
	Physical Address	
	City	Zip Code
	Directions to Physical Address if above address is difficult to find.	
	Unique Facility Name	
	Physical Address	
	City	Zip Code
	Directions to Physical Address if above address is difficult to find.	

SECTION C	¹ SIGNATURES (must be notarized below)	
	IN WITNESS WHEREOF, the foresaid PRINCIPAL and SURETY have hereunto set their hands and seals this _____ day of _____ (month), 20__ (year).	
	Signature of Attorney-in-Fact for Surety	Signature of Principal
	Attorney-in-Fact's Name (Type or Print)	Principal's Name (Type or Print)
	Address of Attorney-in-Fact	

Bond No. _____

SECTION D	¹ CERTIFICATES OF ACKNOWLEDGEMENT	
	The State of _____, County of _____,	
	Before me, the undersigned Notary Public, on this the ____ day of _____, 20____, A.D., personally appeared _____, known to me to be the person who is subscribed to the foregoing instrument as Attorney-in-Fact , and acknowledged to me that he/she signed and executed the same for the purposes and consideration therein expressed.	
	_____ Notary Public in and for the State of _____ Printed Name: _____ Expiration Date: _____	
	NOTARY SEAL	
	The State of _____, County of _____,	
	Before me, the undersigned Notary Public, on this the ____ day of _____, 20____, A.D., personally appeared _____, known to me to be the person who is subscribed to the foregoing instrument as Principal , and acknowledged to me that he/she signed and executed the same for the purposes and consideration therein expressed.	
	_____ Notary Public in and for the State of _____ Printed Name: _____ Expiration Date: _____	
	NOTARY SEAL	